

PI-17
03/10

Oklahoma Department of Agriculture
2800 North Lincoln Boulevard
P O Box 528804
Oklahoma City OK 73152-8804
Fax # 405-522-5986
Mary @ 405-522-5953
maryr@oda.state.ok.us

OFFICE USE ONLY

Receipt # _____
418 \$ _____

County _____
Territory # _____

OFFICE USE ONLY

NFI1/2 _____
AGN # _____

**NURSERY
GROWER**

This application applies only to the location address for which the license is issued. Each location where plants are sold must be licensed. License expiration date is determined alphabetically by business name.

PLEASE PRINT

Business Name _____ Phone # _____

Email Address _____ Fax # _____

Selling Address _____ County _____

City _____ Zip Code (9 Digit) _____

Mailing Address _____

City _____ Zip Code (9 Digit) _____

Growing Location Address _____

Please provide directions with Rural Route and Rural 911 addresses.

City _____ Zip Code (9 Digit) _____

Directions _____

Grower License Per Location -----	\$25.00
_____ Sq Ft Greenhouse @ \$1.00/1000 Sq Ft (\$1.00 Minimum) -----	
_____ Acres @ \$1.00/Acre (\$1.00 Minimum) -----	
TOTAL -----	

I agree to comply with the Oklahoma Horticulture Law and Rules and Regulations. I agree that when any change in information on this form occurs I will notify the Department of Agriculture in writing.

Owner Date

Please Print Name Email Address

DEBIT / CREDIT CARD INFORMATION

Account # _____ Security Code # _____ Amount Charged \$ _____

Type of Card: Visa Mastercard Discover Expiration Date: _____
MM/YYYY

Authorized Signature: _____

Name On Card: _____
